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CONFIRMATION NO. 2347

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** FOREIGN APPLICATIONS ************************************									
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** Foreign Priority claimed Yes No STATE OR SHEETS TOTAL INDEPENDENT									
35 USC 119(a-d) conditions me		ifter ance	STATE OR COUNTRY	_	WINGS	CLAI		INDEPENDENT CLAIMS	
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MYERS BIGEL SIBLEY & SAJOVEC PO BOX 37428 RALEIGH, NC 27627 UNITED STATES									
TITLE									
Schizophrenia associated genes									
					☐ All Fees				
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUN No for following:				☐ 1.16 Fees (Filing)				
					NT 1.17 Fees (Processing Ext. of time)				
					☐ 1.18 Fees (Issue)				
					☐ Other				
					☐ Credit				